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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To provide support for scaling up global access to multiple micronutrient supplements and other cost effective maternal and child interventions, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mrs. KIM introduced the following bill; which was referred to the Committee
on _____

A BILL

To provide support for scaling up global access to multiple micronutrient supplements and other cost effective maternal and child interventions, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Healthy Mothers,
5 Healthy Babies Act of 2026”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Investments in effective programs to pre-
2 vent maternal and child deaths directly advance U.S.
3 foreign policy and economic interests by promoting
4 stability, increased economic growth and market ac-
5 cess and improved diplomatic relations with partner
6 countries.

7 (2) Global maternal and child deaths remain
8 unacceptably high. In 2023, a woman died of preg-
9 nancy related causes every two minutes. Millions of
10 children under 5 continue to die every year from
11 preventable causes, with preterm birth, birth com-
12 plications, and childhood diseases, like pneumonia
13 and diarrhea, accounting for more than half of all
14 under-five deaths worldwide.

15 (3) These deaths are largely preventable
16 through proven, low-cost interventions such as—

17 (A) skilled care before, during, and after
18 birth;

19 (B) treatment of childhood infectious dis-
20 eases;

21 (C) adequate nutrition for pregnant women
22 and children; and

23 (D) immunization.

24 (4) Immunization is a cornerstone of child sur-
25 vival, protecting children from deadly diseases, in-

1 including diarrheal disease, pneumonia, measles, polio,
2 diphtheria, pertussis, and meningitis. It remains one
3 of the most cost-effective interventions, delivering a
4 return of at least \$26 for every \$1 invested.

5 (5) Continued U.S. leadership in maternal and
6 child health could help save millions more lives by
7 2030, accelerating progress toward ending prevent-
8 able child and maternal deaths worldwide

9 (6) At just \$4 per pregnancy, Multiple Micro-
10 nutrient Supplement (MMS) prenatal vitamins com-
11 bine 15 essential vitamins and minerals into a sin-
12 gle, lifesaving tablet, dramatically improving birth
13 outcomes and reducing maternal anemia.

14 (7) Despite the immense benefits, most women
15 around the world lack access to modern prenatal vi-
16 tamins.

17 (8) Previous guidance from the MMS Global In-
18 vestment Roadmap suggests that there are at least
19 260 million pregnant women in 45 high-burden
20 countries who lack access to MMS prenatal vitamins,
21 and providing access for these women to MMS over
22 the next five years would save 600,000 lives, improve
23 birth outcomes for 5 million babies, and prevent ane-
24 mia in over 15 million pregnant women.

1 (9) Twenty years of research and 70 rigorous
2 trials prove modern MMS prenatal vitamins are su-
3 perior to iron-folic acid tablets in every way-slashing
4 low birthweight by an extra 79 percent, stillbirths by
5 27 percent, and infant deaths by 29 percent.

6 (10) A coalition of philanthropies has come to-
7 gether to commit \$250 million to MMS prenatal vi-
8 tamins, providing leverage to U.S. Government in-
9 vestments.

10 (11) MMS Prenatal Vitamins are American-
11 made, supporting American factory jobs, and high-
12 lighting American ingenuity and compassion.

13 **SEC. 3. STATEMENT OF POLICY.**

14 The following shall be the policy of the United States:

15 (1) To advance foreign policy, national security
16 and economic interests, by strategically supporting
17 partner countries to invest in maternal and child
18 survival and health programs. The United States
19 shall make maternal and child survival a primary ob-
20 jective of United States global health and foreign as-
21 sistance strategies and programs.

22 (2) To support programs that reduce prevent-
23 able death among mothers, newborns, and children
24 and enable them to thrive, which promotes more sta-
25 ble and prosperous societies and advances the

1 United State’s diplomatic and commercial position
2 with partner countries. United States assistance pro-
3 grams for maternal and child health shall seek to—

4 (A) reduce preventable child and maternal
5 mortality in priority countries to 12 percent or
6 lower of total deaths by 2030; and

7 (B) increase coverage levels of a target set
8 of life-saving interventions across priority coun-
9 tries to a level of at least 70 percent by 2030.

10 (3) To prioritize scaling up investments in the
11 procurement and delivery of Multiple Micronutrient
12 Supplement (MMS) prenatal vitamins as a highly
13 cost-effective intervention to address maternal and
14 child health and malnutrition.

15 (4) To prioritize the highest impact prevention
16 and treatment interventions targeted towards pre-
17 natal, delivery, postnatal, newborn and child care,
18 including prevention and management of complica-
19 tions and infections during pregnancy, access to
20 skilled birth attendants, breastfeeding support, care
21 of small or sick newborns, screening and treatment
22 for malnutrition, vitamin A and other micronutrient
23 supplements, child immunization, and treatments for
24 childhood diseases including diarrhea and pneu-
25 monia.

1 **SEC. 4. INITIATIVE TO SCALE UP MULTIPLE MICRO-**
2 **NUTRIENT SUPPLEMENT COVERAGE.**

3 (a) **IN GENERAL.**—The Secretary of State, acting
4 through the Assistant Secretary for Global Health Secu-
5 rity and Diplomacy, shall select foreign countries as pri-
6 ority countries for purposes of increasing the number of
7 women receiving multiple micronutrient supplement cov-
8 erage, including prenatal vitamins.

9 (b) **CRITERIA.**—The selection of priority countries
10 shall be based on the following:

11 (1) The prevalence of malnourished pregnant
12 and lactating women and children under the age of
13 5.

14 (2) The presence of high-need, underserved,
15 marginalized, vulnerable, or impoverished commu-
16 nities.

17 (3) The enabling environment for improved ma-
18 ternal and child health, including presence of na-
19 tional maternal and child health plans and dem-
20 onstration of strong political commitment.

21 (4) Any other criteria that the Secretary deter-
22 mines to be appropriate.

23 (c) **UPDATE.**—The Secretary of State shall update
24 the selection of priority countries not later than 5 years
25 after the date of the enactment of this Act.

26 (d) **REPORT.**—

1 (1) IN GENERAL.—Not later than one year
2 after the date of the enactment of this Act, and an-
3 nually thereafter for 5 years, the Secretary of State
4 shall submit to the appropriate congressional com-
5 mittees a report that describes progress made to-
6 wards scaling up multiple micronutrient supplement
7 coverage.

8 (2) MATTERS TO BE INCLUDED.—The report
9 required by paragraph (1) shall include the fol-
10 lowing:

11 (A) A summary of progress made towards
12 achieving increased coverage levels for MMS.

13 (B) In priority countries—

14 (i) a detailed summary of multiple
15 micronutrient supplement scale up pro-
16 grams and activities in the previous fiscal
17 year, including a breakdown of the coun-
18 tries to which resources have been allo-
19 cated and an estimated number of preg-
20 nant women reached with multiple micro-
21 nutrient supplement coverage; and

22 (ii) a description of the coordination
23 of multiple micronutrient supplement pro-
24 grams with other health and development
25 programs.

1 (C) A description of other donor country
2 and host country financial commitments and ef-
3 forts to increase multiple micronutrient supple-
4 ment coverage.

5 (D) An identification of constraints on im-
6 plementation of programs and activities and les-
7 sons learned from programs and activities from
8 the previous fiscal years.

9 (E) A summary of how United States as-
10 sistance programs to increase multiple micro-
11 nutrient supplement coverage levels have ad-
12 vanced United States foreign policy and na-
13 tional security priorities with partner countries.

14 (e) AUTHORIZATION OF APPROPRIATIONS.—

15 (1) IN GENERAL.—There is authorized to be
16 appropriated to carry out this section up to
17 \$150,000,000 for each of the fiscal years 2026
18 through 2030 from amounts in the Global Health
19 Programs Account of the Department of State.

20 (2) AVAILABILITY.—Amounts authorized to be
21 appropriated to carry out this section are authorized
22 to remain available until expended.

1 **SEC. 5. MATERNAL AND CHILD HEALTH STRATEGY AND RE-**
2 **PORT.**

3 (a) STRATEGY.—The Department of State’s Global
4 Health Security and Diplomacy Bureau shall establish and
5 publish a five-year Maternal and Child Health strategy
6 with specific targets for increasing coverage levels for pri-
7 ority interventions and priority countries. The strategy
8 should prioritize investments in the delivery of interven-
9 tions with the greatest cost-effectiveness and measurable
10 outcome of lives saved and disability averted.

11 (b) REPORT.—Not later than one year after the date
12 of the enactment of this Act, and annually thereafter for
13 5 years, the Secretary shall submit to the appropriate con-
14 gressional committees a report that describes progress
15 made towards scaling up Maternal and Child Health inter-
16 ventions. The report shall include the following:

17 (1) Program funding allocations and obligations
18 disaggregated by country and by program area
19 intervention on an annual basis.

20 (2) Baseline data for the two fiscal years pre-
21 ceding the date of enactment, including funding lev-
22 els, performance indicators, and programmatic out-
23 comes.

24 (3) A plan for how priority interventions will be
25 delivered and implemented, ensuring interventions
26 are reaching mothers and children.

1 (4) A standard set of performance and outcome
2 indicators for maternal and child health programs.

3 (5) A common set budget tags or codes, con-
4 sistent across United States agencies and programs,
5 to track funding allocations and obligations by coun-
6 try, year, and intervention area.